

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17088

State File No. ....

FILED MAY 18 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>1000</u>	Registrar's No. <u>541</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan 01170</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb 1320</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union Star 1</u>		
c. LENGTH OF STAY (in this place) <u>Mon-9 days</u>		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Earl</u> c. (Last) <u>Duncan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 9-1953</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married 1</u>	8. DATE OF BIRTH <u>February 12-1881</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>72 3 7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Andrew County Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Harvey Duncan</u>		13b. MOTHER'S MAIDEN NAME <u>Anna E. Lead</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Duncan</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nellie Duncan Union Star Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> - extensive & obstruction and DUE TO (b) <u>hemorrhage</u> DUE TO (c) <u>151X</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary occlusion or pulmonary embolus - sudden death</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
19a. DATE OF OPERATION <u>5-6-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of stomach</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR
22. I hereby certify that I attended the deceased from <u>5-6</u> , 19 <u>53</u> , to <u>5-9</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>5-9</u> , 19 <u>53</u> , and that death occurred at <u>7:15 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>L.P. Lemon M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>5-11-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5-12-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hiwassee Springs</u>
24d. LOCATION (City, town, or county) (State) <u>near Union Star Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Breit Funeral Home Savannah Mo</u>		
DATE REC'D BY LOCAL REG. <u>May 11, 1953</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> <u>485-0</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

.....  
working under my personal supervision.

Student .....

Student Embalmer

Signed.....

*E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address

*Savannah mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.